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## \*\* CONTINUING DATA \*\*\*\*\*

(None) SBM

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

(None) SBM

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/08/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Laurie B. McPartlin SBM</i> Examiner's Signature Initials	CANADA	9	20	2

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## TITLE

Mobility aiding device

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